

PHYSICIAN'S BULLETIN

(Distribution: Physicians, Nurse-Midwife,
Nurse Practitioner, Independent Clinic,
Planned Parenthood Clinic, Teaching Institution
Department, Teaching Institution Clinic,
Rural Health Clinic, Independent Lab)

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MEDICARE CROSSOVER CLAIMS

If you file paper Medicare crossover claims too quickly, you may be causing yourself unnecessary paperwork. In most situations, the Medicare co-insurance and deductible amounts are electronically crossed over to Medicaid by the Medicare Carrier. A paper crossover claim to Medicaid should not be filed until 60 days have elapsed since receiving a Medicare payment without receiving a payment from Medicaid or if your carrier does not forward claims to Missouri Medicaid. Claims submitted prior to 60 days may result in duplicate payments. This will require your office to spend additional time and money to submit adjustments to correct the situation. This may also increase the probability that you will be audited, and may be subject to sanctions depending upon the outcome of the audit.

NUTRITION

Reimbursement for nutritional items; e.g., Sustacal, Ensure and PKU nutrition, are covered through the Durable Medical Equipment (DME) Program for recipients age 20 and under if determined to be medically necessary and must be prior authorized. Requests for recipients age 21 and over must go through the exceptions process. It is only a covered item when medically essential and meets established criteria. Total Parenteral Nutrition is covered for all recipients regardless of age and does not require prior authorization. Refer to the DME manual for more specific information.

VACCINE FOR CHILDREN (VFC)

Pneumococcal conjugate vaccine (Prevnar) is now available to all VFC eligible children age 6 weeks through 59 months. Use procedure code 90669YG for the administration of the vaccine.

The following are **corrections** to the Special Bulletin Volume 22, No. 6, dated May 1, 2000.

- On page 11, the definition of under insured is a child whose family has health insurance, but does not pay for vaccines. These children may receive free vaccines through a Federally Qualified Health Clinic (FQHC) or Independent or Provider based Rural Health Clinic (RHC) only.
- On page 11, Bureau of Immunization is now referred to as Section of Vaccine-Preventable and Tuberculosis Disease Elimination.
- On page 14, procedure code 90746YG was shown as administration of immunization; Hepatitis B vaccine, adult dosage, for intramuscular use (Age 11-18) and should have been for Age 11-15.

PROCEDURE 21188

Currently procedure code 21188 YG, reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts), is a covered service for children. Effective July 1, 2000, procedure code 21188 with **prior authorization** is a covered service for an adult.

SERVICES FOR WOMEN FOLLOWING THE END OF PREGNANCY -(ME Code "80")

REMINDER

Recipients with an ME Code "80" are limited to family planning, and testing and treatment of Sexually Transmitted Disease (STD). Only the diagnosis codes and procedure codes listed in Special Bulletin, Volume 21, Number 4, dated January 22, 1999 and Special Bulletin Vol. 22, No. 2, dated November 1, 1999 are covered for recipients with ME Code 80. For benefit limitation information view section 1.5.H of the Physician Provider Manual on-line at <http://www.dss.state.mo.us/dms> .

MANAGED CARE HEALTH PLANS

These policies apply to MC+ and Medicaid Fee for Service Providers only. MC+ Managed Care Health Plans are responsible for these services for their members in accordance with MC+ Managed Care Contracts.

PROCEDURE CODE 88362 UPDATED

Effective immediately, Medicaid will reimburse procedure code 88362 as follows:

Type of Service	Medicaid Allowable
I (technical component)	\$ 54.90
R (professional component)	\$ 91.70
5 (total component)	\$146.60

WORKSHOP ON HEALTHY CHILDREN AND YOUTH SCREENING

The Division of Medical Services and the MC+ Managed Care Health Plans are preparing a workshop to help providers perform and report EPSDT exams. Subjects will include:

1. How to get kids in when the screen is due.
2. Streamlined reporting system; make your efforts count.
3. Medical records that will please any auditor.
4. Best Practices; what other offices are doing that works.

Watch for more information and your invitation.

REVISED FORMS

The Sterilization Consent Form and the Acknowledgment of Receipt of Hysterectomy Form have been revised. Effective November 1, 2000, Missouri Medicaid will begin accepting the new forms. The old forms will no longer be accepted after March 1, 2001. Copies of the new forms are attached.

Providers can get the new forms by contacting the Provider Relations Hotline at 1-800-392-0938 or by completing the attached order form.

INJECTION PHARMACY CLAIM FILING INSTRUCTIONS

Effective immediately providers should begin using the Pharmacy Claim Form (MO-8803) with the revision date of 9/99. This is replacing the Pharmacy Claim Form (MO-8803) that had a revision date of 4/88. The following are claim filing instructions. The new form can be ordered by calling the Provider Hotline at 1-800-392-0938 or by completing the attached order form.

FIELD

NUMBER

Prescription Number

1*

2*

**FIELD
NAME**

3*

Provider Name and Number

4*

Recipient Last Name

5

First Name Initial

6

Recipient Identification
Number

7**

Nursing Home

EPSDT

Other Insurance

8*

INSTRUCT **CARD** or new approval
IONS FOR letter. 11*
COMPLET
ION Leave blank.

Leave blank.
Affix the
preprinted
provider
label or
enter the
provider
number, 12
provider
name and
address 13*
EXACTLY If the "Y" is entered in Field
as it appears #7, enter insurance information
on the label. in field #18. See instructions
for field #18.
Enter a sequential identification
number in this field. (Note:

Enter the
recipient's
full last
name. This number is used to sort
claims submitted electronically
on the remittance advice.) If
the provider chooses to use a
patient account number, an
additional unique identifying
character must be added
to identify different injections
administered on the same date
of service. If no unique
identifying character is added,
all but the first claim will deny
as a duplicate.

Enter the
recipient's
Medicaid
number
EXACTLY 9**

AS
SHOWN
ON THE
RECIPIEN
T'S
CURREN
T ID

Prescribing Physician
Medicaid Number

10*

Date Dispensed	Enter the Missouri Medicaid provider number for the physician performing the service (only if different from the billing provider number).	<u>Vials Containing Powder for Reconstitution</u> - bill the number of vials used.
National Drug Code	IF THE PERFORMING PHYSICIAN NUMBER IS THE SAME AS THE BILLING PROVIDER NUMBER, LEAVE THIS FIELD BLANK.	<u>Immunizations</u> - bill the number of doses administered. (The quantity usually equals 1).
	Enter the date the injection was administered in MM/DD/YY numeric format.	<u>Levonorgestrel Implant</u> - bill a quantity of 1 (1 kit = 1 unit).
Refill Code	Enter the precise NDC assigned to the product administered as it appears on the package dispensed from.	This field does not accept decimals. Enter only whole numbers as units. (For example, if 1.5 cc were administered, enter 2 in this field).
Metric Quantity	Always enter the entire number, separated, using the dotted lines to indicate where the hyphens appear, using the 5-4-2 format.	
	If the drug code on the package is not in 5-4-2 format, enter zeroes in front of the numbers listed for each field. For example: NDC 45-143-20 is listed as 00045-0143-20.	
	Leave Blank.	
	Enter the metric quantity used in administration, as follows:	
	<u>Products in Solution</u> (ampule, IV bag, bottle, syringe, vial) - bill the number of cc's (ml's) administered.	

14*	Days supply	As the process is for billing for medications administered in the physician's office, the value for this field should always equal 1 . Claims with a value other than 1 in this field are denied.
15	Copay Amount	Leave Blank. Do not use this field to record insurance payments.
16*	Total Charge	Enter the provider's usual and customary charge for this service.
17*	Total Amount Billed	Enter the sum of the line items above.
18**	Other Insurance Amount/Information	<p>If payment from a private insurance company has been received, use the appropriate line number(s) of the claim(s) affected, enter the name of the insurance company and the amount of the insurance payment.</p> <p>If the insurance company denied payment for the service, use the appropriate line number(s) of the claim(s) affected, enter the name of the other insurance, and state "denial attached". Attach a copy of the insurance explanation of benefits documenting the reason for the denial. If the insurance denied the claim because their claim filing requirements were not met, Medicaid will also deny the claim. See Section 5 of the provider manual for further information about third party liability.</p>
19	Remarks	Leave Blank
20	Prior Authorization Number	Leave Blank
21	Signature	The physician or authorized representative may sign and date the form. Hand-written, computerized signature, or a signature stamp is acceptable. NOT REQUIRED.

*These fields are mandatory on the Pharmacy claim form used in the Physician's Program to bill injectables.

**These fields are mandatory only in specific situations, as described.